



B BRONZE

	Cigna Connect 6750	Cigna Connect 7000
MEDICAL	In-Network	In-Network
Annual Deductible ¹ individual/family	\$6,750/\$13,500	\$7,000/\$14,000
Coinsurance ²	You pay 40% after deductible	You pay 40% after deductible
Annual out-of-pocket max ³ individual/family	\$8,150/\$16,300	\$8,150/\$16,300
Physician services (primary care/specialist)	You pay \$30, deductible waived/You pay 40% after deductible	You pay 40% after deductible
Preventive Care	You pay 0%, deductible waived	You pay 0%, deductible waived
Inpatient facility and physician services	You pay 40% after deductible	You pay 40% after deductible
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 40% after deductible
Emergency Room Services	You pay 50% after deductible	You pay 50% after deductible
Urgent Care	You pay \$40, deductible waived	You pay 40% after deductible
Telehealth	You pay \$0, deductible waived	You pay \$0, deductible waived
RX DRUGS - Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. Tier 5: Up to a 30-day supply at participating pharmacy or 90-day retail pharmacy.		
Tier 1 - Retail pref. generic	You pay \$8, deductible waived for each 30 day supply	You pay 40% after deductible
Tier 2 - Retail non-pref. generic	You pay 40% after deductible	You pay 40% after deductible
Tier 3 - Retail pref. brands	You pay 40% after deductible	You pay 40% after deductible
Tier 4 - Retail non-pref. brands	You pay 50% after deductible	You pay 50% after deductible
Tier 5 - Retail specialty	You pay 50% after deductible	You pay 50% after deductible

This summary contains highlights only. See plan coverage documents for full benefit information

1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy)

2. Coinsurance (Amount you pay for covered medical services)

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)





MEDICAL

Annual Deductible¹ individual/family

Coinsurance²

Annual out-of-pocket max³ individual/family

Physician services (primary care/specialist)

Preventive Care

Inpatient facility and physician services

Lab, X-ray and Ultrasound

Emergency Room Services

Urgent Care

Telehealth

SILVER

Cigna Connect 5000

Cigna Connect 6500

In-Network

In-Network

\$5,000/\$10,000

\$6,500/\$13,000

You pay 20% after deductible

You pay 40% after deductible

\$8,150/\$16,300

\$8,150/\$16,300

You pay \$15, deductible waived/You pay 20% after deductible

You pay \$20, deductible waived/You pay 40% after deductible

You pay 0%, deductible waived

You pay 0%, deductible waived

You pay 20% after deductible

You pay 40% after deductible

You pay 20% after deductible

You pay 40% after deductible

You pay 50% after deductible

You pay 50% after deductible

You pay \$30, deductible waived

You pay \$30, deductible waived

You pay \$0, deductible waived

You pay \$0, deductible waived

RX DRUGS - Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at participating pharmacy or 90-day retail pharmacy.

Tier 1 - Retail pref. generic

You pay \$4, deductible waived for each 30 day supply

You pay \$4, deductible waived for each 30 day supply

Tier 2 - Retail non-pref. generic

You pay \$20, deductible waived for each 30 day supply

You pay \$20, deductible waived for each 30 day supply

Tier 3 - Retail pref. brands

You pay \$55, deductible waived for each 30 day supply

You pay \$60, deductible waived for each 30 day supply

Tier 4 - Retail non-pref. brands

You pay 50% after deductible

You pay 50% after deductible

Tier 5 - Retail specialty

You pay 40% after deductible

You pay 50% after deductible

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1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy)

2. Coinsurance (Amount you pay for covered medical services)

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)



MEDICAL

Annual Deductible¹ individual/family

Coinsurance²

Annual out-of-pocket max³ individual/family

Physician services (primary care/specialist)

Preventive Care

Inpatient facility and physician services

Lab, X-ray and Ultrasound

Emergency Room Services

Urgent Care

Telehealth



Cigna Connect 1500

In-Network

\$1,500/\$3,000

You pay 15% after deductible

\$8,150/\$16,300

You pay \$25, deductible waived/You pay 15% after deductible

You pay 0%, deductible waived

You pay 15% after deductible

You pay 15% after deductible

You pay 15% after deductible

You pay \$50, deductible waived

You pay \$0, deductible waived

RX DRUGS – Tier 1, 2, 3 and 4: Up to a 30-day supply at participating pharmacy or up to a 90-day supply at 90-day retail pharmacy. **Tier 5:** Up to a 30-day supply at participating pharmacy or 90-day retail pharmacy.

Tier 1 - Retail pref. generic

You pay 15% after deductible

Tier 2 - Retail non-pref. generic

You pay 15% after deductible

Tier 3 - Retail pref. brands

You pay 15% after deductible

Tier 4 - Retail non-pref. brands

You pay 50% after deductible

Tier 5 - Retail specialty

You pay 50% after deductible

This summary contains highlights only. See plan coverage documents for full benefit information

1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy)

2. Coinsurance (Amount you pay for covered medical services)

3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

